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ABSTRACT

This report describes the program evaluation process as developed by the Eastern Iowa Community College District (EICCD). Introductory materials include EICCD's intent and purpose of program evaluation, a discussion of the three stages/components of program evaluation, and an evaluation flowchart. The report is comprised of three sections, each devoted to one of the three components--collection of program descriptive data, surveys, and internal evaluation team duties. Section I on collection of program descriptive data contains a self-study document to be completed by program/department faculty. This self-study requests information on the curriculum, course development, articulation agreement, equipment, facilities, advisory committee, faculty, students, placement, and testing as well as a cost analysis of the program. Section II provides the surveys (forms) of current students, graduates, faculty, administrators, advisory committee members, and employers. Section III focuses on the roles and responsibilities of the internal evaluation team. Contents include a list of duties of a team member, a team evaluation report form with a rating form for physical facilities, and a form for a summary of the internal evaluation. (YLB)

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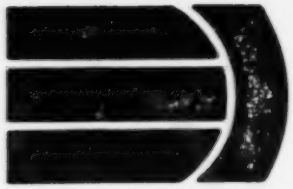

Eastern Iowa Community College District
Clinton • Muscatine • Scott

The

EICCD

Program Evaluation Process

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Developed by

The EICCD Program Improvement Steering Committee

REVISED JUNE, 1986

CE044455

THE EASTERN IOWA COMMUNITY COLLEGE DISTRICT PROGRAM EVALUATION PROCESS

Authors:

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We wish to acknowledge the dedication and hard work of The EICCD Program Improvement Steering Committee in the development and refinement of The EICCD Program Evaluation Process.

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PROGRAM EVALUATION PROCESS

It is the Mission of the EICCD to

> ... Provide easily available educational programs and services which are responsive to personal and community needs. These efforts will reflect an active commitment to excellence, to lifelong learning, and to cooperation with all segments of the community.

Consistent with our commitment to excellence, EICCD recognizes the importance of program evaluation to the development and maintenance of quality educational offerings. Program evaluation is a means by which EICCD can demonstrate a commitment to the following Beliefs:

> Belief 4. We must, in all areas, exhibit quality and the quality should be substantiated.
>
> Belief 7. Decision-making at all levels throughout the District must be information-based.
>
> Belief 16. We must provide relevant educational programming (with new technologies) that best meets community needs.

The staff of EICCD strives to carry out its Mission and Beliefs through its Goals. Program evaluation is the vehicle through which EICCD can attain its Goals related to the evaluation, cost effectiveness, improvement and expansion of programs, and the efficient management of its resources:

> Goal 2: The District is committed to the improvement and expansion of educational opportunities for citizens in Eastern Iowa. We especially recognize our obligation to the non-traditional student. In order to improve the quality of these offerings, planning will focus on intra-District cooperation, evaluation of present offerings and services, improvement of existing delivery systems, development of new delivery systems, and cost-effectiveness.
>
> Goal 6. The District is committed to efficient management of resources and recognizes this is integral to the maintenance as well as creative expansion of our educational programs and services. The realization of this goal is based upon thorough evaluations and cost-benefit analyses as they relate to the accomplishment of our mission, a clear determination of District priorities and the development of new funding possibilities.

Program Evaluation: EICCD's Intent and Definition

It is the intent of EICCD's Mission, Beliefs and Goals, that systematic evaluations of all programs/curricula be conducted to ensure quality and relevance, and the effective and efficient use of resources. Program evaluation is a cooperative process which utilizes the knowledge and expertise of instructors, administrators, current and former students, employers, advisory committee members (list individuals/groups involved).

The major objective of program evaluation is to improve the quality of education in the EICCD. It is our means of ensuring that EICCD's programs are as good as they can be within the limitations of available resources. It is intended that program evaluation will also find ways of improving the effectiveness and quality of program outcomes and of increasing the efficiency of the use of resources. Program evaluation is worthwhile in itself, for it initiates a process of self-examination among administrators and faculty, and assists in the formulation and clarification of program goals and objectives.

Internally, program evaluation will enable EICCD to make informed decisions regarding program development, maintenance, modification and elimination, and the allocation and reallocation of resources. Externally, program evaluation will assure students, employers and the community that EICCD is providing quality education which enables individuals to become academically/occupationally, and socially competent.

Definition of Program: For purposes of program review, programs will be defined as:

1. A cluster of students who have selected a specific college major, and;

2. A cluster of courses offered under the alpha/numeric catalog course labels or with a common pre-defined purpose.

This dual definition has the following advantages:

1. It allows review of individual student outcomes;

2. It allows evaluation of course delivery;

3. It allows review of course purpose in light of both student majors and non-majors.

Definition of Program Evaluation: Program evaluation is a systematic process for the collection, analysis and interpretation of data concerning a program and its curriculum. It will

be utilized for making judgments about the effectiveness of the program and to facilitate improvement of the program.

The overall goal of program evaluation is to develop a decision support system for the following objectives:

- to identify the strengths and weaknesses of curriculum
- to identify the needed curriculum improvements and revisions
- to provide data for valid program development activities, staff and facilities utilization.

Program evaluation will also provide specific information regarding how to:

- Compare business and industrial standards with institutional occupational program standards;
- Inform, involve, and utilize expertise of representatives from related business and industry;
- Inform former students of the institution's commitment to self improvement and excellence;
- Identify needed changes or modifications in physical facilities;
- Identify instructional equipment needs;
- Identify needs in the learning resources area;
- Provide data relative to decisions in expenditure of funds;
- Inform business and industry about the institution and the occupational program;
- Improve job placement opportunities for students;
- Identify future occupational trends;
- Identify any existence of sex bias;
- Identify unmet needs of disadvantaged and handicapped students.

COMPONENTS OF PROGRAM EVALUATION

The evaluation process is an indepth cyclic process of programs/curriculum every three years. The process consists of three stages:

1. Collection of Program Descriptive Data

   This will be completed as an indepth self-study by the program/department faculty. This data will include program information, faculty and student data, cost analysis, etc. The faculty will submit this self-study document along with supporting documentation, i.e., program curriculum, evaluations, reports, etc., to the Internal Evaluation Team.

2. Surveys

   Surveys of current students, graduates, faculty, administrators, advisory committee members, and employers will be sent from and returned to the Office of Educational Services. A job market assessment will also be conducted for each occupational/program area. All survey data will be tabulated and analyzed by the Office of Educational Services. The collected data will then be submitted to the faculty self study team and the Internal Evaluation Team.

3. Internal Evaluation Team

   Collection of data from the self-study and survey will be submitted to the Internal Evaluation Team. The Internal Evaluation Team will be comprised of EICCD faculty members and administrators. The team will analyze the data and make recommendations, then submit to the program/department faculty for their response. All reports and responses will then be submitted to the Dean of the College/Instruction. Final copies will be submitted to District Office of Educational Services.

In addition to the three stages of the evaluation process, program data will be used by faculty in completing their self-study and will be reviewed by the Internal Evaluation Team. Data will be compared over a three year period.

Annually Collected Program Data includes:

1. Enrollment/Headcount
2. Contact hours generated by program
3. FTE generated by program
4. program graduate/completion rates
5. Program leavers and withdrawals
6. Program majors' intent
7. Program cost
8. Average class size
9. Success of program leavers and completers--includes job placement and employment status, as well as college transfer information
10. Advisory committee meetings' highlights
    Department meetings' highlights

These data are collected annually and are compared year-to-year, over a minimum of a three (3) year period. The annual collection of these data and the three-year trend analysis serves multiple purposes:

1. To identify the well-being of a program.

2. To provide a gauge for indicating the need for program/curriculum revision.

3. To measure the success of the program regarding completion, job placement and performance, and transfer to senior institutions.

4. To ascertain program/department costs, and the factors impacting these costs.

5. To provide a "snapshot" view of the viability of a program.

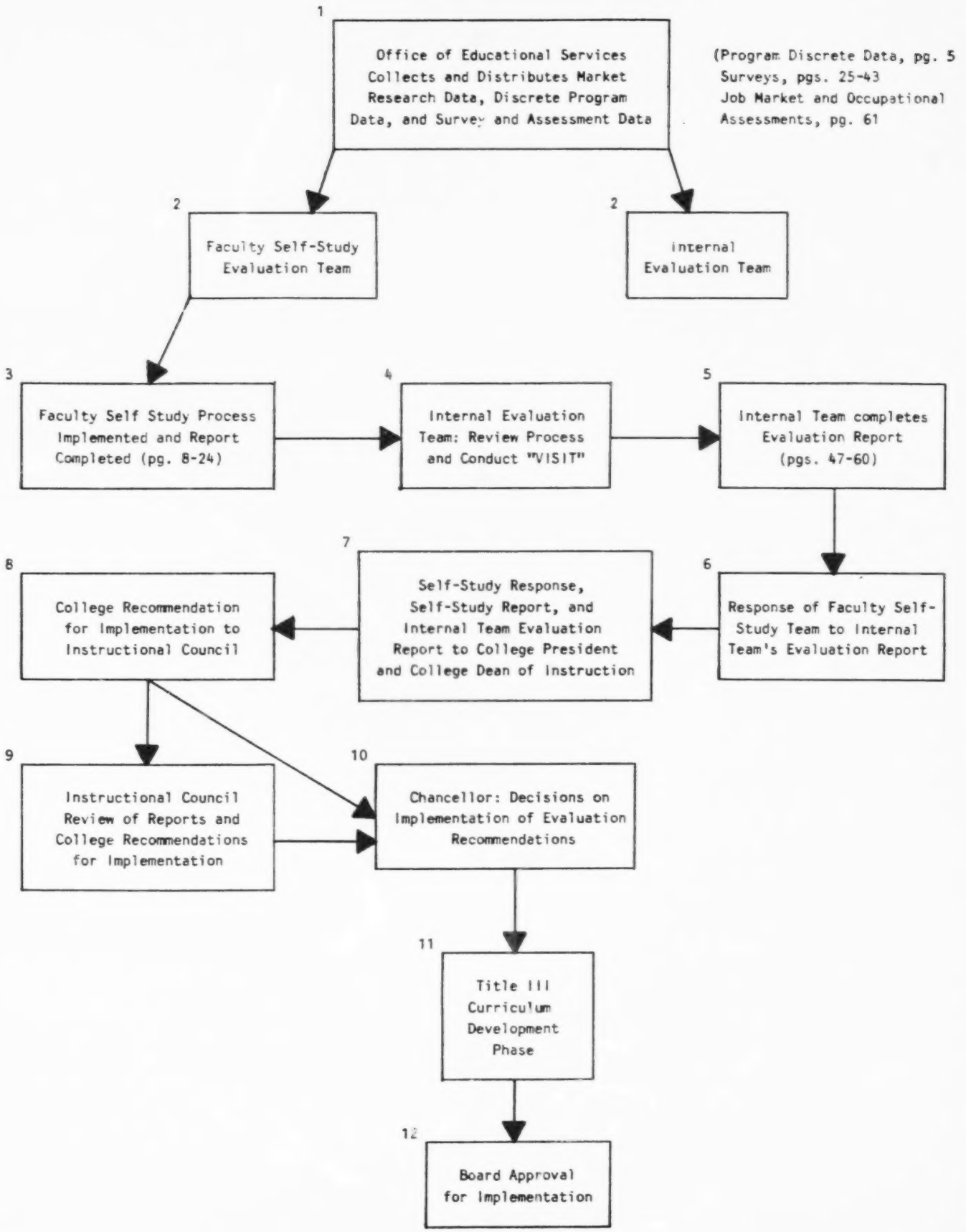
The "snapshot" obtained from the collection and analysis of the annual discrete data may indicate a need for a more thorough examination of the program. These indicators are reviewed by the Instructional Council in the determination of the schedule for specific programs to be evaluated.

A flowchart illustrating the sequence of completion of each of the components of the program evaluation process is given in Figure A.

Schedule for Program Evalution:

The program evaluation process is designed to be a three year process. The determintion of specific programs to be evaluated in a given year will be made by the Instructional Council and approved by the Administrative Council.

FIGURE 1


1
Office of Educational Services Collects and Distributes Market Research Data, Discrete Program Data, and Survey and Assessment Data
(Program Discrete Data, pg. 5
Surveys, pgs. 25-43
Job Market and Occupational Assessments, pg. 61
2
Faculty Self-Study Evaluation Team
2
Internal Evaluation Team
3
Faculty Self Study Process Implemented and Report Completed (pg. 8-24)
4
Internal Evaluation Team: Review Process and Conduct "VISIT"
5
Internal Team completes Evaluation Report (pgs. 47-60)
6
Response of Faculty Self-Study Team to Internal Team's Evaluation Report
7
Self-Study Response, Self-Study Report, and Internal Team Evaluation Report to College President and College Dean of Instruction
8
College Recommendation for Implementation to Instructional Council
9
Instructional Council Review of Reports and College Recommendations for Implementation
10
Chancellor: Decisions on Implementation of Evaluation Recommendations
11
Title III Curriculum Development Phase
12
Board Approval for Implementation

PROGRAM EVALUATION PROCESS

I. Collection of Program Descriptive Data

This will be completed as an indepth self-study by the program/department faculty. The self-study will include program information, faculty and student data, a cost analysis of the program, etc. The faculty will submit this self-study document along with supporting documentation, i.e., program curriculum, evaluations, reports, program/department committee minutes, advisory committee minutes, etc., to the Office of Educational Services; it will then be forwarded to the Internal Review Team.

PROGRAM DESCRIPTIVE DATA

The following questions provide an outline for the program descriptive data. Please answer these questions on separate sheets of paper.

Date_____

Program/Curriculum_____

Diploma _____ Certificate _____ Degree _____

Length of Program/Curriculum _____ Semester(s) _____ Summer Session(s)

Department Chair _____

1. Discuss history of Program/Curriculum. Date of implementation. Was it an offshoot of existing program. Date of major revision of program. State nature of revisions. Discuss any institutional changes and/or external factors that have impacted enrollment, curriculum, job placement, etc. in the program.

2. What is the Program/Curriculum philosophy? List Program/Curriculum Goals and Objectives.

3. Describe Program/Curriculum requirements for admissions (specific entry testing, skills, etc.).

4. Program/Curriculum accredited or approved? State the name of agency and length of accreditation, term of accreditation.

5. Describe methods of instruction utilized.

6. How does the Program/Curriculum utilize counseling and academic advising?

7. Academic advising: What is the ratio of advisees per advisor?

8. Describe how the curriculum reflects "state-of-the-art" and the efforts utilized by faculty to keep curriculum relevant?

9. Course Development

List the courses offered within the program.

Course No.	Course Title	Last Term Offered	Year Revised	Methods(s) utilized in course revision (i.e. DACUM, Task Analysis, Advisory Comm., etc.)

Attach complete copies of all approved and updated course development models. All course development models are to be reviewed by faculty and accurately reflect what is taught in the course.

10. Articulation Agreements: Programs as well as specific courses may be articulated with other institutions. List these institutions and explain the articulation agreement.

A. Local colleges ___Yes ___Partial ___No ___NA

B. Local universities ___Yes ___Partial ___No ___NA

C. Local High Schools ___Yes ___Partial ___No ___NA

11. Discuss any arrangements with business and industry which enhance the Program/Curriculum?

12. Equipment

A. Describe the type of equipment/materials utilized in instruction.

B. Are equipment and materials up-to-date? Explain.

C. Are they properly maintained? Explain.

D. Equipment yearly costs for past three years. (i.e. equipment acquisition and maintenance and repair).

E. Project costs for the maintenance and repair of existing equipment for next three years.

F. Project need for new equipment and required materials, including costs.

13. Facilities

A. Describe floor space used exclusively by Program/ Curriculum.

Include: Laboratory sq. feet
Classroom(s) sq. feet
Office space sq. feet

B. Is the space allotted sufficient? Explain.

14. Advisory Committee

Number of members ____. Number of meetings per year ____.

Explain the advisory committee's extent of involvement in the program.

15. Faculty	Year	Year	Year
A. Number of full-time faculty			
B. Number of contact hours taught by full-time faculty			
C. Number of part-time faculty			
D. Number of contact hours taught by part-time faculty			
E. Total contact hours (full and part-time)			
F. Number of classes			
G. Average class size			
H. Smallest class size			
I. Largest class size			
J. Total number of day classes			
K. Total number of evening classes			

L. Professional Development of faculty. List all faculty and designate full and part-time status. Indicate degrees and certification for each member. Provide the professional development activities for each faculty member over the last two years.

Faculty	(F.T.)	(P.T.)	Certification/ Degrees	Staff Development Activities Year	Year

16. Student Data	Year	Year	Year
A. Program Enrollment			
1. Unduplicated headcount (taken from form AS-10B)			
2. New students (male)			
3. New students (female)			
4. Returning students (male)			
5. Returning students (female)			
6. Special students (JTPA)			
7. Total FTEE (taken from form AS-10B)			

	Year	Year	Year
B. Non-completers (Stop-outs/ Dropouts) Major reason given for leaving. (full and part-time)			
1. Transferred to another institution			
2. Change in academic/ program major			
3. Found employment			
4. Dissatisfied with program			
5. Financial/economic reasons			
6. The program was too difficult			
7. Moved out of the area			
8. Personal reasons			
9. Other_____			
10. Other_____			
Total who plan to re-enroll			
Average starting salary of non-completers who obtain jobs			

	Year	Year	Year
C. Students taking courses, but not enrolled in the program.			
1. Direct support to other programs			
a. Number of courses offered specifically for other programs. List these courses.			
b. Number or students in these courses.			
c. Number of courses in this program which are a required course of another program. List these courses.			
d. Number of students from other programs taking required courses in this program.			
e. Subtotal FTE			

	Year	Year	Year
2. Indirect support to other programs			
a. Number of courses which are recommended electives in other programs. List these courses.			
b. Number of students in these courses.			
c. Subtotal FTE			
d. Total number of credit hours generated.			
e. Total FTE			

D. Placement	Year	Year	Year
1. Job Placements (complete applicable sections only)			
a. Students completing Program/Curriculum (full-time)			
b. Students completing Program/Curriculum (part-time)			
c. Number of graduates employed in the field or closely related field			
d. Number of graduates employed in a non-related field			
e. Average entry hourly wage in field			
f. Average hourly wage after 1 year in field			
g. Number of graduates attending senior institutions			
2. Transfer Placement			
a. Number of students transferring before completion. List Institutions. Cite major reasons.			
b. Number of students transferring after completion. List Institutions			

	Year	Year	Year
E. Testing (Internal)			
1. Mean GPA for completers			
2. Mean scores on other nternal tests required in curriculum			
3. Other (explain)			
4. Mean GPA for non-completers			
F. Testing (External)			
1. GPA for transfer students (junior year). List by institution			
2. GPA for transfer students (senior year). List by institution.			
3. Mean score for standardized test(s) required for certification, licensure, etc.			

Name of test(s)_____

Passing score_____

Rank of institution

17. Direct Cost Analysis	Year	Year	Year
A. Salaries/Fringes			
1. Full-time Faculty			
2. Part-time Faculty			
3. Total			
B. Materials and Supplies			
C. Current Expenses			
1. Educational Software			
2. Printing			
3. Membership(s)			
4. Maintenance			
5. Other			
D. Travel			
E. Supervision (Voc-Tech)			
F. Vocational Administration			
* Total Direct Cost:			
* Total Indirect Cost:			

* These costs have not been broken out in this analysis

(As Per CE4 Year End Report)

18. Describe the employment trend and outlook or the trend of transferability to senior institutions in the area the Program/Curriculum is preparing students.

19. Describe the unique characteristics of the Program/ Curriculum.

20. Project the future trends of the Program/Curriculum.

21. List the Program/Curriculum strengths separately, in order of importance.

22. List the major concerns of Program/Curriculum separately and in order of importance. Cite the reason(s) for the concerns and include a description of how each concern could be addressed, providing specific recommendations where possible.

II. Surveys

Surveys of current students, graduates, faculty, administrators, advisory committee, and employers will be sent from and returned to the Office of Educational Services. The Office of Educational Services will tabulate and analyze the survey responses through Data Processing Services. The collected data will then be submitted to the faculty self-study team and the Internal Evaluation Team.

CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

EICCD PROGRAM EVALUATION - ADMINISTRATIVE SURVEY

ADMINISTRATOR PERCEPTION OF _____ PROGRAM

PLEASE CIRCLE THE NUMBER CORRESPONDING TO YOUR RESPONSE FOR EACH STATEMENT. YOUR RESPONSE SHOULD RELATE ONLY TO THE PROGRAM STATED ABOVE. IF YOU HAVE ANY RESERVATIONS OR DISAGREE WITH A STATEMENT, PLEASE PROVIDE A BRIEF EXPLANATION FOLLOWING EACH ITEM.

NAME: _____

	Agree	Agree with Reservations	Disagree with Reservations	Disagree	Do Not Know
1. Faculty in this program have a good relationship with students.	1	2	3	4	5

Comments: _____

_____

2. There is a strong sense of community, a feeling of shared purpose and interest among members of this program. 1 2 3 4 5

Comments: _____

_____

3. The overall quality of education a student receives in this program is high. 1 2 3 4 5

Comments: _____

_____

4. The faculty are provided with opportunities to expand their knowledge and skills. 1 2 3 4 5

Comments: _____

_____

5. The image of this program in the community is favorable. 1 2 3 4 5

Comments: _____

_____

6. Program faculty work cooperatively with members of other organizational units of the College. 1 2 3 4 5

Comments: _____

_____

7. The goals and objectives of this program are written and known to all program faculty. 1 2 3 4 5

Comments: _____

_____

	Agree	Agree with Reservations	Disagree with Reservations	Disagree	Do Not Know
8. The major goals and objectives of this program are being achieved.	1	2	3	4	5

Comments: _____

_____

9. The program has effective leadership.	1	2	3	4	5

Comments: _____

_____

10-13. The program has the following resources to adequately teach the students:

10. Equipment	1	2	3	4	5
11. Materials	1	2	3	4	5
12. Facilities	1	2	3	4	5
13. Faculty	1	2	3	4	5

Comments: _____

_____

28

14-19. The following support services are available to adequately provide for students in this program:

14. Library	1	2	3	4	5
15. Guidance & Counseling	1	2	3	4	5
16. Financial Aids	1	2	3	4	5
17. Developmental Learning Services	1	2	3	4	5
18. Tutoring Services	1	2	3	4	5
19. Job Placement	1	2	3	4	5

Comments: _____

_____

General Program Comments/Recommendations: _____

_____

_____

_____

_____

PART-TIME FACULTY PERCEPTIONS

Your responses to the evaluation will assist in identifying the strengths and weaknesses of this program. Your responses to these questions will be treated as confidential.

Directions for rating:

E = Excellent, nearly ideal
G = Good, strong rating
A = Average
BE = Below Expectations, fair
P = Poor, seriously inadequate
DK = Don't Know, unable to rate the statement

How would you rate the following?

1.	On the job success of students in your program.	E	G	A	BE	P	DK
2.	Program response to changing technology and procedures in your occupational area.	E	G	A	BE	P	DK
3.	Provision for time for program direction and coordination.	E	G	A	BE	P	DK
4.	Adequacy and availability of instructional materials and library resources for your program.	E	G	A	BE	P	DK
5.	Availability of related work experience (lab or clinical) for students in your program.	E	G	A	BE	P	DK
6.	Adequacy and relevance of equipment and facilities to the job situation.	E	G	A	BE	P	DK
7.	College response to employer recommendations for program modifications.	E	G	A	BE	P	DK
8.	Efforts to provide course and program placement assistance to students.	E	G	A	BE	P	DK
9-14.	Effectiveness of the following student services:						
	9. Guidance and Counseling	E	G	A	BE	P	DK
	10. Library	E	G	A	BE	P	DK
	11. Financial Aids	E	G	A	BE	P	DK
	12. Developmental Learning Services	E	G	A	BE	P	DK
	13. Tutoring Services	E	G	A	BE	P	DK
	14. Job Placement	E	G	A	BE	P	DK
15-22.	There should be effective interaction between the instructor and other professional staff. How would you rate your interaction with those listed below.						
	15. Other instructors	E	G	A	BE	P	DK
	16. Your Department Chair	E	G	A	BE	P	DK
	17. Associate Dean	E	G	A	BE	P	DK
	18. Secretarial Staff	E	G	A	BE	P	DK
	19. Developmental Studies	E	G	A	BE	P	DK
	20. Library Staff	E	G	A	BE	P	DK
	21. Media	E	G	A	BE	P	DK
	22. Registrar	E	G	A	BE	P	DK

23. List the major strengths of the program/curriculum.

24. List the major concerns of the program/curriculum.

25. List your recommendations for the program.

BEST COPY AVAILABLE

CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

306 West River Drive • Davenport, Iowa 52801-1221 • (319) 322-3911

Dear Student:

Eastern Iowa Community College District strives to offer quality programs to all students. These efforts include a continual evaluation of our programs. Our programs are designed to meet both the needs of our students and the job market.

Would you please take a few minutes to complete the enclosed evaluation form for the program for which you are a declared major? All responses are anonymous and confidential. No data or reports will identify individual names. If you are no longer enrolled in classes within this program major or have changed your major, please indicate this on the enclosed evaluation form.

Thank you for your time in completing the evaluation form. Input from our students is a most valuable resource to us in the continual improvement of our programs. Please return the completed evaluation to us in the enclosed envelope by _____. You may mail it back to us in the pre-postage paid envelope, or drop it off at the College Library.

Sincerely,

Michael E. Crawford
Chancellor

Enclosures

STUDENT EVALUATION

Your responses to these questions will be treated as confidential information. Your answers will only be part of a composite report in which individual replies are not identified.

SECTION A Directions: Please circle the correct response or provide the information requested in the space provided.

---

1. Is _____ your declared major?
   1. Yes
   2. No

   If "No", your answers to this survey are complete. Please return this survey to us in the enclosed envelope.

2. Please indicate what semester of this program you are enrolled in:
   1. First Semester
   2. Second Semester
   3. First Summer
   4. Third Semester
   5. Fourth Semester
   6. Second Summer

3. How many semester hours are you currently enrolled? (Check one)
   1. 11 semester hours or less
   2. 12 semester hours or more

4. When are you currently enrolled in classes:
   1. Day
   2. Evening
   3. Both "day" and "night"

5. Do you intend to complete (graduate from) this program?
   1. Yes
   2. No → 6. If "No", what is your intent? (Check all that apply)
      ____ To make a career change
      ____ To transfer to a four-year college/university
      ____ To upgrade my existing job skills
      ____ To take courses of personal interest
      ____ Other (please specify):_____

7. Are you currently working?
   1. Yes
   2. No

8. Please indicate your sex:
   1. Male
   2. Female

SECTION B Directions: Please rate your program on each of the following statements by circling the appropriate response. When responding, limit your consideration to specific program courses.

1 = Strongly Agree
2 = Agree
3 = Disagree
4 = Strongly Disagree
5 = No opinion or knowledge on which to answer

9.	The instructors in the program are knowledgeable and competent in their subject areas.	1	2	3	4	5
10.	The faculty in this department are interested in helping me.	1	2	3	4	5
11.	Written course objectives are available to me.	1	2	3	4	5
12.	The course objectives accurately describe what I need to learn in the courses.	1	2	3	4	5
13.	The course objectives accurately reflect what is taught.	1	2	3	4	5
14.	The quizzes and exams accurately measure the extent to which I am meeting course objectives.	1	2	3	4	5
15.	Instructional materials (text, reference materials, etc.) for my course(s) are current and relevant to the subject.	1	2	3	4	5
16.	I am able to receive individualized instruction if needed.	1	2	3	4	5
17.	Instructors make themselves available to students outside of the classroom.	1	2	3	4	5

I can get help from other departments of this college:

18.	Library	1	2	3	4	5
19.	Guidance and counseling	1	2	3	4	5
20.	Financial aids	1	2	3	4	5
21.	Developmental learning services	1	2	3	4	5
22.	Tutoring services	1	2	3	4	5
23.	Job placement	1	2	3	4	5
24.	The equipment that I need to study or work with is available when I need it.	1	2	3	4	5
25.	The materials that I need to study or work with are available when I need them.	1	2	3	4	5

26.	The facilities are adequate.	1	2	3	4	5
27.	Instructional equipment is functional and well maintained.	1	2	3	4	5
28.	Information about job opportunities is available to me.	1	2	3	4	5
29.	Information about job opportunities is accurate.	1	2	3	4	5
30.	Information about college transfer is available to me.	1	2	3	4	5
31.	Information about college transfer is accurate.	1	2	3	4	5
32.	My advisor explains the requirements, limitations, alternatives and consequences of my major.	1	2	3	4	5
33.	My advisor helps me in assessing my progress toward my diploma/degree so that we work out the problems that arise.	1	2	3	4	5
34.	My program prepares individuals to work in the field.	1	2	3	4	5
35.	My program prepares individuals to transfer to a senior college.	1	2	3	4	5
36.	I would recommend this program to others.	1	2	3	4	5
37.	I would recommend this college to others.	1	2	3	4	5

38. What do you feel are the major strengths of this program?

_____

_____

_____

_____

_____

39. What do you feel are the major weaknesses of this program?

_____

_____

_____

_____

40. Feel free to make any additional comments concerning your program or experiences at EICCD.

CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

[illegible] • [illegible] • (319) 322-5011

Dear Graduate:

Eastern Iowa Community College District strives to offer quality programs to all students. These efforts include a continual evaluation of our programs. Your experience on the job could be very valuable in helping us to improve and update the programs; therefore, your insight into the current program is requested.

As a graduate of this institution, please take a few minutes to complete and return the enclosed forms. All information you supply will be held in confidence and your name will never be associated with any response.

Thank you for your time in completing the evaluation form. Input from our graduates is a most valuable resource to us in the continual improvement of our programs. Please return the completed evaluation to us in the enclosed, postage paid envelope by _____.

Sincerely,

Michael Crawford
Chancellor

Enclosure

CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

306 West River Drive, Davenport, Iowa 52801-1221

GRADUATE EVALUATION SURVEY

Your responses to these questions are confidential. Your answers will only be part of a composite report in which individual replies are not identified.

SECTION A — EVERYONE SHOULD COMPLETE SECTION A

For Data Processing Use Only

DIRECTIONS: For each of the following questions, please indicate your response by either checking the appropriate box or circling your correct answer.

1. Our records indicate that you graduated from (completed) the _____ program.

___ Yes, I graduated from this program. If yes, please complete this survey.

___ No, I did not graduate from this program.

If no, your answers to this survey are complete. Please return it to us in the enclosed envelope. Thank you.

I(2-1,4) 2. Upon completion of this program, which of the following did you obtain? (Circle all that apply)

(-1) 1. Certificate
(-2) 2. Diploma
(-3) 3. Associate in Applied Science
(-4) 4. Associate Degree

(3-5) 3. What is your current employment status? (Circle one)

1. Employed (includes all employment, even if below your qualifications).
2. Full-time military service.
3. Unemployed (not employed, but actively seeking employment).
4. Not in labor force (not employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason).

If you have circled response 1 or 2 in Question #3, please respond to all questions in both Sections B and C. If you have circled response 3 or 4, please skip Section B and go on to answer the questions in Section C.

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SECTION B

ONLY THOSE RESPONDENTS WHO ARE CURRENTLY EMPLOYED OR IN THE MILITARY SHOULD ANSWER THE QUESTIONS IN SECTION B

DIRECTIONS: Please answer questions #1 through #5 by circling the number corresponding to the correct response or by providing the appropriate answer in the space provided.

(1-6) 1. Are you employed in the field for which you were prepared in college?
   1. Yes
   2. No

(2-7) 2. Name of your current employer: _____

   Address: _____

   Your current title: _____

(3-8) 3. How long have you been in your current position?
   1. Less than one year
   2. One but less than two years
   3. Two but less than four years
   4. Four but less than six years
   5. Six but less than eight years
   6. Eight years or more

(4-9) 4. What is your present employment?
   1. Full-time
   2. Part-time (less than 40 hours per week)

(5-10) 5. What is your current hourly wage?
   1. Less than $3.35
   2. Between $3.36 and $6.65
   3. Between $6.66 and $9.99
   4. Over $10.00

Directions: Please indicate the extent to which you were prepared in your college program to perform these job functions by circling the number corresponding to the correct response.

1 = Strongly Agree
2 = Agree
3 = Disagree
4 = Strongly Disagree
5 = No Opinion or Knowledge With Which to Answer

(6-11)	6. This program prepared me in the necessary job skills of speaking, writing and listening.	1	2	3	4	5
(7-12)	7. The program provided me the basic mathematical skills to perform the functions of my job.	1	2	3	4	5
(8-13)	8. The program provided me the necessary basic technical competencies to be successful on the job.	1	2	3	4	5
(9-14)	9. The program prepared me in getting along with others on the job.	1	2	3	4	5
(10-15)	10. The program instilled in me a professional attitude and self-confidence.	1	2	3	4	5
(11-16)	11. The program provided an adequate preparation in how to analyze situations and make appropriate decisions.	1	2	3	4	5

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12. Please list any additional skills/competencies which you wish you had acquired in your college program:

_____

_____

13. If you were advising our current students about this program, what would you tell them?

_____

_____

(14-17) 14. How would you rate the availability of jobs in the occupational area of your program? (Circle one)

1. Very Good 2. Good 3. Average 4. Poor 5. Very Poor

SECTION C EVERYONE SHOULD ANSWER THESE QUESTIONS

Directions: Please rate your program in each of the following items. Circle the number corresponding to your response.

1 = Strongly Agree
2 = Agree
3 = Disagree
4 = Strongly Disagree
5 = No Opinion or Knowledge With Which to Answer

The instructors were:

II(1-1)	1. Knowledgeable and competent in their field.	1	2	3	4	5
	2. Available to students outside of the classroom.	1	2	3	4	5
	3. Available for individualized assistance.	1	2	3	4	5
	4. Up-to-date and current in their instructional areas.	1	2	3	4	5

Courses in your program/curriculum were:

	5. Available.	1	2	3	4	5
	6. Conveniently located.	1	2	3	4	5
	7. Based on realistic prerequisites.	1	2	3	4	5
	8. Based on fair selection procedures.	1	2	3	4	5

Written course objectives:

	9. Were available to students.	1	2	3	4	5
	10. Described what you learned in the course.	1	2	3	4	5
	11. Were used by the instructor to keep you aware of your class progress.	1	2	3	4	5

Teaching methods, procedures and course content:

	12. Were appropriate to the course objectives.	1	2	3	4	5
	13. Met your needs, interests and objectives.	1	2	3	4	5
	14. Provided practical application experience as part of the instruction.	1	2	3	4	5

Related support courses were:

	15. Current.	1	2	3	4	5
	16. Meaningful to you.	1	2	3	4	5

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1 = Strongly Agree
2 = Agree
3 = Disagree
4 = Strongly Disagree
5 = No Opinion or Knowledge With Which to Answer

Counseling and advising services:

17. Met your needs and interests.	1	2	3	4	5
18. Helped you make appropriate career decisions and choices.	1	2	3	4	5
19. Helped you make the appropriate course selections.	1	2	3	4	5
20. Were provided by knowledgeable, interested staff.	1	2	3	4	5
21. Helped you in tranferring to a four-year college or university.	1	2	3	4	5

Placement Services:

22. Identified where job opportunities are located.	1	2	3	4	5
23. Helped you find employment opportunities.	1	2	3	4	5
24. Prepared you to apply for a job.	1	2	3	4	5
25. Told you about job advancement opportunities.	1	2	3	4	5

Special Services (such as financial aids, library, etc.) were:

26. Available to meet your needs and interests.	1	2	3	4	5
27. Staffed with knowledgeable and interested personnel.	1	2	3	4	5

Facilities and equipment for your courses were:

28. Safe, functional and well maintained.	1	2	3	4	5
29. In sufficient quantity to avoid long delays in use.	1	2	3	4	5
30. Current and representative of business and industry.	1	2	3	4	5

Instructional materials (textbooks, reference materials, etc.) for your courses were:

31. Available for use as needed.	1	2	3	4	5
32. Conveniently located for use as needed.	1	2	3	4	5
33. Current and meaningful to the subject.	1	2	3	4	5
34. Fair and objective and not biased toward traditional sex roles.	1	2	3	4	5

---

35. Did you transfer to another college?

    1. Yes (Please specify where):_____
    2. No

If "yes" to 35, please rate your level of agreement to statements 36 and 37 below.

36. My education at EICCD prepared me to transfer to another educational institution.	1	2	3	4	5
37. I transferred with little difficulty.	1	2	3	4	5

Please feel free to make any comments about your program and/or experiences at our colleges.

_____

_____

_____

_____

Thank you. Please return the survey to us in the enclosed postage paid envelope.

CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

[illegible] River Drive • Davenport Iowa 52801 [illegible] • 319 [illegible]

Dear (NAME):

Eastern Iowa Community College District strives to offer quality programs to all students. These efforts include a continual evaluation of our programs.

Your views as an Advisory Committee member to the (INSERT COLLEGE) (INSERT PROGRAM) Program are very important to us. Would you please take a few minutes, and complete the enclosed survey? No Advisory Committee member will be identified in the results of this evaluation, and all responses will be kept in complete confidence.

Thank you for your time in completing the evaluation. Please return it to us in the enclosed, postage-paid envelope by (DATE).

At a future meeting of your Advisory Committee, the results of the program evaluation will be reviewed. Once again, thank you for your time in completing this evaluation.

Sincerely,

Chancellor

Enclosure

ADVISORY COMMITTEE PERCEPTIONS

Please rate each of the following statements by circling the appropriate response. Your responses to these questions will be treated as confidential information.

Directions for rating:

E = Excellent, nearly ideal
G = Good, strong rating
A = Average
BE = Below Expectations
P = Poor, seriously inadequate
DK = Don't know, unable to rate the statement

1. Student preparation for seeking employment (i.e., completion of applications, presentation of self, interview process).	E	G	A	BE	P	DK
2. Student technical preparation for entry level employment (skills and knowledge).	E	G	A	BE	P	DK
3. Student preparation concerning work habits, attitude and work quality.	E	G	A	BE	P	DK
4. Success of students trained by the College in your field as compared with employees who have not had such training.	E	G	A	BE	P	DK
5. College response to labor force and employment training needs for your field in the community.	E	G	A	BE	P	DK
6. College response to changing technology and procedures in your field.	E	G	A	BE	P	DK
7. College response to emerging employment training opportunities in your field.	E	G	A	BE	P	DK
8. College response to recommendations for program modifications.	E	G	A	BE	P	DK
9. College efforts to overcome sex stereotyping and discrimination in your employment area.	E	G	A	BE	P	DK
10. College efforts to provide placement assistance to students in your field.	E	G	A	BE	P	DK

11. In what ways has your advisory committee helped to improve the instructional program in your field (i.e. assisting faculty on curriculum development or revisions, identifying work experience and employment opportunities).

12. What are the principal strengths of the program?

13. What are the principal needs for improvements in the program?

14. During the past year has your organization hired students from the program?
_____Yes _____No
If yes, how many do you estimate were hired? _____
If no, please indicate why not. _____

15. Does your organization plan to hire any students from the program in the next year?
_____Yes _____No
If yes, please estimate how many. _____

16. How long have you been a member of this committee? _____

17. How often does this committee meet?

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CLINTON COMMUNITY COLLEGE
SCOTT COMMUNITY COLLEGE
MUSCATINE COMMUNITY COLLEGE

EASTERN IOWA COMMUNITY COLLEGE DISTRICT

Dear Employer:

Eastern Iowa Community College District strives to offer quality programs to all students. These efforts include a continual evaluation of our programs. Our programs are designed to meet both the needs of our students and the job market.

Your responses to the evaluation will help us to identify the strengths and weaknesses of our present programs. You will be making a valuable contribution to the improvement of the education of future students. No employer, supervisor or employee will be identified in the results of this study, and all responses will be kept in complete confidence.

Thank you for your time in completing the evaluation form. Input from employers is a most valuable resource to us in the continual improvement of our programs. Please return the completed evaluation to us in the enclosed envelope.

Sincerely,

Department Chair

Enclosure

EMPLOYERS EVALUATION FORM

Your responses to these questions will be treated as confidential information. Your answers will only be part of a composite report in which individual replies are not identified.

Name of firm _____

Address _____

1. How many graduates are supervised by you? _____

2. What is your relationship with this graduate(s)?

_____Employer _____Supervisor
_____Personnel staff _____Coworker
_____Other (describe: _____)

3-8. Please rate the graduates competencies.

SA = Strongly Agree
A = Agree
N = No opinion or knowledge on which to answer
D = Disagree
SD = Strongly Disagree

3. Demonstrates speaking, writing, and listening abilities as they apply to the job.	SA	A	N	D	SD
4. Demonstrates basic knowledge of mathematical skills.	SA	A	N	D	SD
5. Demonstrates basic technical competencies.	SA	A	N	D	SD
6. Demonstrates basic interpersonal skills in getting along with others.	SA	A	N	D	SD
7. Demonstrates professional attitude and self confidence.	SA	A	N	D	SD
8. Demonstrates basic ability to analyze situations and make appropriate decisions.	SA	A	N	D	SD

9. Please specify any additional skills/competencies that you feel the graduate should have.

10. Are there areas in which the individual(s) required more training?

_____ Yes _____ No

If yes, please specify.

11. If you were advising our current students about this college program, what would you tell them?

12. What, in your opinion is the job outlook for program employees of this particular occupation field?

Present		Future
_____	Very Good	_____
_____	Good	_____
_____	Average	_____
_____	Poor	_____
_____	Very Poor	_____

Comments/Recommendations:

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III. Internal Evaluation Team

The three-year trend analysis of program discrete data, survey and assessment results, and the faculty self-study will be submitted to the Internal Evaluation Team. The evaluation team will be comprised of five EICCD faculty members and administrators:

1. One member of the District Instructional Council.
2. Two instructional administrators
3. One vocational-technical faculty member
4. One arts and sciences faculty member

The team will analyze all data and reports, conduct an on-site visit of the program, and make recommendations. Their report will then be submitted to the program/department faculty. All reports and responses will then be submitted to the Office of Educational Services, and forwarded to the College President and the Dean of the College/Instruction, and the Instructional Council.

INTERNAL EVALUATION TEAM

The primary purpose of the Internal Evaluation Team is to validate the faculty self-study and to provide consultant assistance that includes suggestions for improvement.

The review process will involve a team of five individuals who will observe, interview and study available information in an attempt to formulate conclusions about the Program/Curriculum and to suggest ways of improving identified deficiencies.

The review team will be appointed by the Instructional Council and consist of a member of the Instructional Council, two program administrators and two faculty members. The team will submit a report of their findings and recommendations to the Office of Educational Services; it will then be forwarded to the program/curriculum faculty. If appropriate, the program/curriculum faculty may provide a written response to the Internal Review Team Report. The Office of Educational Services will then submit all reports to the College President and the Dean of the College/Academic Affairs, and the Instructional Council. Copies of the final reports will be kept on file in the Office of Educational Services.

INTERNAL EVALUATION TEAM DUTIES

A program's evaluation involves the visitation, observation and analysis of a Program/Curriculum by an Internal Review Team with the purpose of validating the faculty self-study and to providing suggestions for improvement.

Duties of a Team Member

Previsit Responsibilities:

1. Study all survey and assessment reports provided by the Office of Educational Services.
2. Study the three-year trend analysis of program discrete data.
3. Study the indepth self-study report prepared by the faculty.
4. Study the program outline and the course development models of the Program/Curriculum.
5. Become familiar with the team evaluation form that will be used as a guide during the evaluation.
6. Identify specific questions to be asked of the faculty and program administrators in order to clarify program concerns and to validate the recommendations and conclusions contained in the faculty's self-study.

Visit Responsibilities:

1. Meet the Program/Curriculum faculty.
2. Examine Program/Curriculum philosophy, goals, objectives, curriculum, reports, advisory committee/department meeting minutes, student handbooks, etc.
3. Examine teaching materials, supplies and equipment presently being used in the program.
4. Make an effort to contact all faculty members and as many students as possible.
5. Record comments and observations on team evaluation form.

Postvisit Responsibilities:

1. Prepare summary of findings and recommendations.
2. Submit a summary of team evaluation form and report of findings and recommendations to Program/Curriculum faculty for clarification of any statements or responses.

TEAM EVALUATION REPORT FORM

Instruction

Yes ____ 1. Is the philosophy of the program consistent with
No ____ the mission and philosophy of the College?

Yes ____ 2. Are Program/Curriculum goals and objectives stated
No ____ in measurable terms? Are student outcomes defined?

Yes ____ 3. Are Program/Curriculum goals and objectives con-
No ____ sistent with validated entry level occupation competencies and occupational/educational standards? If no, identify those needing change.

Yes ____
No ____

4. Are written objectives for individual courses stated in measurable terms? If no, identify those needing change.

Yes ____
No ____

5. Are written objectives available to students?

Yes ____
No ____

6. Are Program/Curriculum prerequisite knowledge and skills defined to facilitate student success in the program?

Yes ____ 7. Are Program/Curriculum requirements for admission
No ____ realistic and fairly applied?

Yes ____ 8. Is the Program/Curriculum accredited or approved
No ____ by external agency? If yes, what is the length of approval/accreditation?

Yes ____ 9. Do the courses and their sequence accommodate
No ____ part-time and non-traditional students?

Yes ____ 10. Are course development models complete and up-to-
No ____ date? If no, list those models that are outdated or not completed.

Yes ____ 11. Are various methods of instruction utilized? If
No ____ no, identify those needed.

Yes ____ 12. Is there sufficient quantity of instructional
No ____ materials available to students? If no, identify those needed.

Yes ____ 13. Are printed materials up-to-date? If no, identify
No ____ those that are outdated.

Yes ____ 14. Is sex or racial bias eliminated in the in-
No ____ structional material? If no, identify specific material(s) that is/are slanted toward a particular sex or race?

Yes ____ 15. Is there sufficient quantity of audiovisual
No ____ instructional materials available? If no, identify those needed.

Yes ____ 16. Are the audiovisuals up-to-date? If no, identify
No ____ those that need updating.

Yes ____ 17. Does the Program/Curriculum utilize counseling and
No ____ academic advising? If not, identify reasons.

Yes ____ 18. Are provisions made within the Program/Curriculum
No ____ to work with special needs such as the academically disadvantaged and handicapped students? If no, identify needed modification.

Yes ____ 19. Does the curriculum reflect the "state-of-
No ____ the-art"? If not, identify needed change.

Yes ____ 20. Are courses reviewed and revised on a regular
No ____ basis by a specific evaluation method? If not, identify needed change.

Yes ____ 21. Are there articulation agreements with other
No ____ institutions? If not, should there be?

Yes ____ 22. Are there arrangements with business and industry
No ____ which enhance the Program/Curriculum?

Yes ____ 23. Are the graduates and leavers of the program
No ____ successful once they enter the job market/
transfer?

24. Is the employment picture in the occupational/
program field healthy?

Yes ____ Locally
No ____

Yes ____ Regionally or Nationally
No ____

Yes ____ 25. Is the program cost effective?
No ____

Equipment

Yes ____ 26. Is the equipment in this program modern and
No ____ current according to the standards of business and industry or education? If no, identify that which is out-of-date.

Yes ____ 27. Is sufficient equipment available for student use?
No ____ If no, identify specific equipment where additional quantities are needed for student use.

Yes ____ 28. Is the equipment in this program in proper
No ____ operating condition? If no, identify that which needs repair.

Yes ____ 29. Is an adequate maintenance plan used with the
No ____ equipment? If no, suggest ways for improvement.

Yes ____ 30. Is available equipment sufficient to meet new and
No ____ emerging trends in business and industry or education? If no, identify new equipment needed.

Supplies

Yes ____ 31. Are current needed supplies on hand or readily
No ____ accessible? If no, identify those needed.

Yes ____ 32. Are supplies in sufficient quantity to meet
No ____ student needs? If no, identify those supplies.

Advisory Committee

Yes ____ 33. Does advisory committee provide input on course
No ____ content, program modification, instructional materials and equipment, student employability and placement?

Budget

Yes ____ 34. Is the operational budget for the Program/
No ____ Curriculum planned with instructor input? If no, who plans the budget?

Yes ____ 35. Is the budget adequate for achieving Program/
No ____ Curriculum objectives? If not, specify the budget needed.

Yes ____ 36. Are instructors in the program provided the staff
No ____ development and continuing education opportunities to keep up-to-date their instructional areas?

Physical Facilities

To have effective instruction, the physical facilities must meet the needs of the Program/Curriculum and students. Please rate the following:

E = Excellent - needs no improvement
A = Adequate - needs slight improvement
I = Inadequate - needs definite improvement
NA = Not Applicable

1.	Size of the classroom(s).	E	A	I	NA
2.	Size of the laboratory area(s).	E	A	I	NA
3.	The lighting in the classroom(s).	E	A	I	NA
4.	The lighting in the laboratory area(s).	E	A	I	NA
5.	Proper heating/cooling of the classroom(s).	E	A	I	NA
6.	Proper heating/cooling of the laboratory(s).	E	A	I	NA
7.	The noise level of the classroom/laboratory.	E	A	I	NA
8.	Safety conditions in the classroom(s).	E	A	I	NA
9.	Safety conditions in the laboratory area(s).	E	A	I	NA
10.	Gas supply, if needed for instruction.	E	A	I	NA
11.	Water supply, if needed for instruction.	E	A	I	NA
12.	Electrical service available.	E	A	I	NA
13.	Proper storage facilities.	E	A	I	NA
14.	Housekeeping - neatness and organization.	E	A	I	NA
15.	Walking/working space available for free and unobstructed movement in the area(s).	E	A	I	NA

Comments:

SUMMARY

1. List the major strengths of the Program/Curriculum separately, in order of importance.

2. List the major concerns of the program separately, in order of importance, with annotations on the causes of concerns.

3. What are the major factors influencing the continued success of the program (both internal and external to the program)?

4. List recommendations for improvement separately, in order of importance. Provide a rationale for each recommendation and include the resources necessary to implement each recommendation.